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# Original Lectures.

## LECTURES ON MILITARY SURGERY,

DELIVERED AT THE

COLLEGE OF PHYSICIANS AND SURGEONS, N. Y.

By WILLIAM DETMOLD, M.D.,

PROFESSOR OF MILITARY SURGERY AND HYGIENE.

### LECTURE I.

*The Duties of the Surgeon in the Field.*

GENTLEMEN:—We have in our lectures on the duties of the military surgeon commenced at the beginning, that is, with the very formation of the regiment. We have spoken of the enlistment, and have shown you that in the examination for drafting you have to guard against being imposed upon by simulated defects on the part of those who want to escape the draft, while in the examination for the volunteer service you have, on the contrary, to guard against overlooking concealed defects; you will otherwise fill the ranks with men unfit for duty, who will only encumber the hospitals, and eventually besiege the Pension Office. We have spoken of the care that is to be taken of the recruits, to avoid the diseases incident upon an entire change of the habits of living and diet. We have followed our regiment into camp, and pointed out the selection of a proper camp site, spoken of the best arrangement of the tents, the construction of latrines, etc., and tried to impress upon you the importance of enforcing the strictest camp hygiene, to prevent those diseases known as camp diseases, and which in all wars are more fatal to the armies than hostile bullets. We have spoken of those diseases as diarrhœa, dysentery, miasmatic diseases, typhus, scurvy, purulent and contagious ophthalmia, etc. We have then accompanied our regiment on a march, and shown you the care the surgeon must take of his men, differing in different seasons of the year.

You have seen that thus far the most important duties of the military surgeon are those of a health-officer, for the purpose of preventing disease and keeping the regiment in an efficient condition for service.

We come now to a part of our duties at once important and exciting, and requiring the utmost coolness and presence of mind, sometimes under the most harassing circumstances. We come to the consideration of the duties of the surgeonduring action on the field of battle. And here let me first say to you that while no true gentleman, and only such should enter our profession, I say while no true gentleman will shrink from danger in the fulfilment of his duty, it is not only not expected of you, but, on the contrary, it would be grossly culpable in you wantonly to expose your life, just as much so as it would be in the commanding general; your services, and therefore your life, are of too much consequence to risk it recklessly or by any kind of bravado. In fact, there is a higher courage required of you than the mere brute courage of facing bullet and bayonet: it is the courage to face immense responsibilities under the most trying circumstances; and many a surgeon would prefer, when the wounded begin to accumulate around him—here an artery bleeding, there a piece of lung or bowel protruding, limbs shattered, and all looking to him for relief—I say many a surgeon, if he does not feel equal to the emergency, would prefer to change his catlin for a bayonet, and rather face the roaring cannon's mouth than calmly, under such trying circumstances, exercise the highest and most difficult duties of his profession. Thus, during and after the battle of Waterloo, some of the continental troops, especially those of Brunswick and Hanover, where the British German Legion had absorbed all the good surgeons, and where after that the regiments could only be furnished with inexperienced and half-educated surgeons, it was found that almost all those surgeons had fled, not for fear of hostile ball or bayonet, but because they did not feel themselves equal to the heavy responsibilities thus suddenly thrown upon them, and the wounded of those armies suffered until they were taken care of by the surgeons of the British army. Therefore, no surgeon should enter the army who has not made himself familiar with all operations, at least upon the dead body, for, when suddenly such vast armies are called into existence, it would be vain to expect that all the surgeons should have had previously ample experience, and I am glad to learn that now operations on the dead body are part of the examination for army appointment.

Before we proceed further, we have a few words to say about an institution in which our army until lately has been sadly deficient, I allude to a special ambulance corps for the purpose of removing the wounded, as soon as they fall, to the rear, where they are cared for. Hitherto this duty has devolved upon the comrades, to the detriment of the wounded as well as of the army, and this for very simple reasons: 1st. Every wounded man requiring two men to carry him off, it is evident that every bullet which hits takes three men out of the ranks, and frequently more, for there will always be men willing and anxious to avail themselves of a pretext for leaving the ranks, and they will rarely return, for they have put down their muskets to carry their comrade, and they will always find something to do about the wounded, and thus straggling is encouraged to a fearful extent. It used to be customary in some armies to leave the transport of the wounded to the musicians, but they are not sufficient, besides being wanted for other duties, such as buglemen, to communicate the commands of officers by signals to the tirailleurs, or to the regiment, when in the din of battle the word of command cannot always be heard.

The first historical record of a regularly organized distinct ambulance corps we find in the ninth century, when the Emperor Leo organized such a body. They were mounted, and had to keep 100 feet behind the line of combat; they had two stirrups on the left side, by which the wounded mounted into the saddle behind them. They received besides their regular pay, a gratification from the Emperor for every man whom they thus saved. Since then the institution has become more or less obsolete, for in time of peace such a corps is of course looked upon as an encumbrance; but we find that all the great powers of Europe, when actually engaged in war, have felt the necessity of it, and organized such corps; even the rebel army has its ambulance corps. Our commanding general has been hitherto opposed to its organization; but to the persevering efforts of our efficient and able surgeon-general it is due, that our army will be no longer without this necessary auxiliary, from the want of which hitherto our wounded have suffered in almost all our battles.

The ambulance men should be selected with care; they should be men who are trusty in every respect, who can handle liquor without tasting, who are strong and yet kind, and must be specially trained for their duty. There are two men to each stretcher, who in carrying a wounded man should not keep step, the first man stepping out with the left foot, while the second steps out with the right; in this way the stretcher is less shaken, and the motion more comfortable to the wounded. Let them carry fresh water, some stimulants, old linen, and a few bandages, but I pray you keep tourniquets out of their reach. It is a general idea that they should be supplied with means to stop hæmorrhage, and it has been proposed that not only each member of the ambulance corps should be thus supplied, but that each soldier should carry a field tourniquet. Now, gentlemen, I do not approve of this extensive and promiscuous use of tourniquets. I believe that the practice would be fraught with mischief:—In the first place, there is very little hæmorrhage on the battle field: when large arteries are wounded and bleed, the wound is generally fatal at once, but in gunshot wounds even large vessels may be wounded and not bleed, because they are lacerated wounds; in the second place, if there be hæmorrhage at the time, it is much easier to stop it by a gentle pressure over the wound than by the tourniquet; in the third place, most laymen have a mortal horror of blood: let a man

spill a tablespoonful or two of blood, and ninety-five out of a hundred will be afraid that he will bleed to death; therefore, give such men tourniquets, and they will see hæmorrhage where we see nothing but a little blood, and will be ready at the least alarm to screw on their instruments. Now, even if these instruments could be used without doing mischief, the amount of good they do would be no excuse for their application; but tourniquets make a wound infinitely more dangerous by producing venous congestion. I speak now of their application by laymen. By the production of venous congestion we have the chances for gangrene very much increased, and also the danger of pyæmia. I do not believe a man ever recovered from a gunshot wound where a tourniquet has been applied on the battle-field by incompetent persons, and kept on for any length of time. It is for these reasons that I condemn them.

The wounded are carried upon the stretchers to the rear, where the surgeon administers at once what is necessary for the moment, and then places them in the ambulance wagons to transport them to the hospital. The drivers of the wagons must be instructed to be careful in driving, and there should be provision of good water on board the wagons, for wounded men always suffer from thirst. The arrangement on our ambulance wagons, when I had an opportunity of seeing them, was faulty, all the water-casks being either leaky or giving to the water such a strong smell of paint that it was not fit for use, and therefore the casks were left empty.

The day is past where the administration of anæsthetics in surgical operations is a subject for discussion, but the choice of the agent is not yet so definitively settled. There is a large class of bodies, in fact all the volatile hydro-carbons, which possess anæsthetic powers, but at present only two—sulphuric ether and chloroform—are in general use, and recognised as the best, and between these two we have to make our choice. Now, in private practice my choice has been long since fixed. I have discarded chloroform entirely, or almost entirely, for in spite of all precautionary measures there is some danger in its use. Some years ago I came near losing a patient during a trifling operation from the use of chloroform, and only by the most persevering efforts in artificial respiration did I succeed in restoring life, which I had already for some time regarded as extinct. Since then I use, in civil practice exclusively, ether, but in military surgery my choice is quite as definitively settled the other way, and I prefer chloroform. 1st. It is less bulky than ether, requiring perhaps only as many drops as you require drachms of ether, therefore it is easier transported in sufficient quantities. 2d. It acts much more promptly, and, where time is as precious as it is on the field, this is a great advantage. 3d. Where thousands are sacrificed the possible risk of one life is far outweighed by the other advantages. In the whole Crimean war there was but one well authenticated case of death from chloroform.

We now come to the actual duties of the surgeon. On the eve of a battle you are to see that none of your men are disposed to shirk by magnifying trifling ailments. As a general thing, we find it a rare occurrence to see men simulate disease for the purpose of avoiding an engagement; on the contrary, in the present war, regiments who have had hundreds of men in hospital have, when a battle was anticipated, turned out in full numbers, simply because every man demanded the privilege of fighting.

Now, then, the surgeon, in preparing for his duties in the field, should first select a place about fifty or a hundred yards in the rear of his regiment, where he hangs out his red hospital flag. Here should be collected the ambulance and medicine wagons, and hither the wounded are to be brought on the stretchers. The spot should be well shaded and sheltered, if possible, near some fresh water and out of reach of musketry. You should have an operating table, or extemporize one for the occasion. The instruments being all in good working order, an ample supply of chloroform, stimulants, and morphine, as also of fresh straw, splints, linen, and bandages being on hand, the surgeon is ready for work. The duties are difficult and important, yet they may, in a few words, be summed up under two heads: to perform only such operations as are absolutely necessary at the moment, and to apply such dressings as will enable the wounded men to bear transportation. Mind that you are not in the hospital; you are not to treat the patients, but only to put them in a condition to be taken to the hospital. The dressings should be of the simplest kind, easily applied, and, mind you, easily removed. Do not be too liberal with your rollers, and avoid the use of lint, for both will become dry, and stick to the wound, and when the man arrives in the hospital, and the surgeon there having necessarily a great deal of work on hand, a great deal of time is lost and pain inflicted on the man in the removal of such dressings; in fact, the patient, in many cases, would have been better off without any dressing. The best, as a general dressing, is a simple compress wet with cold water or sweet oil, with directions to keep them constantly moist during the transport.

Now, as the wounded are brought in, you will attend to them as they arrive; but if they come upon you in large numbers, you have to make a selection of those most in need of your services. Cases of hæmorrhage should claim your attention first; next come in regular order, the cases in proportion to their severity or the amount of suffering; between two persons equally wounded, if one is an officer give him precedence, but no officer slightly wounded should be attended to at the expense of a private more severely hurt. This should be the rule in this country; in other countries, where officers and privates come from two distinct social classes, this rule may perhaps be somewhat modified.

Now let me give you another rule, that is, not to waste time, where every moment is precious, by investigating cases that are evidently fatal—beyond what humanity demands, that is to afford relief, moral as well as physical—but what I mean is not to let professional interest, which in this case would amount to hardly more than curiosity, lead you to waste time in exploring, for instance, the course of a bullet through the brain or the like, where you can do no good, while you keep men suffering where your skill may save life.

Almost all the wounds that will be brought under your notice will be gunshot wounds. You hear a good deal of bayonet charges, and crossing of bayonets, but I have been through a good many of our hospitals, and have seen thousands of wounded, but do not recollect to have seen a single bayonet wound. The only bayonet wounds I ever saw were inflicted in a sham fight. I was attached at the time to the Royal Hanoverian Grenadier Guards, and in the sham fight our regiment was to make a decisive bayonet charge, the opposing regiments, according to the programme, were to give way, but a good deal of jealousy existing against the guards the line regiments did not heed the programme, and the men actually crossed bayonets. On that occasion I saw a good many, in fact, the only bayonet wounds, and a good many men were maimed for life.

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Camp Privies.—Dr. Jarvis, of Mass., in his report to the Surgeon-General on the condition of the camps in that State, says:—"The *privies* were of the usual character—a hole and a pole. But one was filthy, and its neighborhood was filthy, and the appointed place was unapproachable, save by the fearless, and men were attending to their natural necessities in the open air and in the open field, in the sight of all men, and in the sight of all women who happened to be in that vicinity on that level field. And the apparent composure with which the men were discharging this duty, when I was passing as near as I could safely, showed that compulsion and habit had disarmed them of the natural delicacy as to such matters, and changed the habits which they had cultivated before they came to the camp."

# Original Communications.

## WOUND OF THE FEMORAL ARTERY.

LIGATION OF BOTH CARDIAC AND DISTAL SIDES OF SEVERED VESSEL.—SECONDARY HÆMORRHAGE.—LIGATURE OF EXTERNAL ILIAC.—PERITONITIS.—DEATH.

By LEWIS HEARD, M.D.,
ACTING ASSISTANT-SURGEON, U.S.A.

Private R. B. Cornwell of the 25th Regiment, Ohio Vols., occupation, rake maker, 23 years of age, dark complexion, brown hair, blue eyes; enlisted 21st April, 1861, by Capt. J. P. McIlrath, at Cleveland, Ohio. He was wounded September 14, 1862, in the battle of South Mountain, Md., by a buckshot, which entered the upper and front part of the right thigh. He lost much blood at the time of the injury; fainted several times. Hæmorrhage arrested, by tying a handkerchief around the limb, above the wound. Was conveyed in ambulance the next day to Middletown, a distance of four miles. He remained here three days without surgical aid, the surgeon under whose care he was placed saying he should not have left the field, the injury seemed so slight. On the 18th he rode in ambulance to Frederick city, there took the cars, and reached Washington on the 21st. Here he was placed in Capitol Hospital, at this time in charge of Dr. Shippen.

An examination gave evidence that the femoral artery had been wounded, and that a traumatic aneurism was forming. Water dressings were applied till the 29th, when, by the suggestion of Dr. Hall—a very eminent resident practitioner, who, together with Prof. J. F. May, a highly distinguished surgeon of this city, had been called in—compression by means of the horse-shoe tourniquet was made, and continued until the 4th of October. This was now discontinued in consequence of pain, and want of the desired result, and nothing more was done till the 10th, on which day it was determined to tie the femoral artery, and the operation was accordingly performed by Drs. May and Shippen, assisted by Drs. Hall, Seeley, and others. I should have mentioned that the external wound had entirely healed before making the compression. The shot had entered some four inches below Poupart's ligament, over the track of the femoral artery. The following account of the operation I have from Dr. May, who took an active part in it. Several medical gentlemen, I believe, were present.

An incision was made some four or five inches in length, commencing two inches below Poupart's ligament, and carried down in the course of the artery, as is usual, through the skin and cellular substance. The several fascia were carefully divided; the sheath inclosing the artery and vein exposed and opened. The femoral artery was found to be wounded, and a tumor, or enlargement of the vessel at the point of injury, was observed about the size of a fox grape. Blood would issue from a small opening in this tumor, but was readily controlled with the point of the finger. Dr. M. applied a ligature, first on the cardiac side, but this not restraining the hæmorrhage, which was profuse from the distal side, he tied the artery here also. After this he divided the vessel between the two ligatures, and still the blood welled up from the bottom of the wound at this point, and the Doctor passed a curved needle, armed with a ligature, below and around the bleeding point, tied up the encircled tissues, and the hæmorrhage was stopped. The wound was now brought together and secured by a few points of interrupted suture, and adhesive straps and light dressings of lint and bandage applied. The foot and leg were enveloped in cotton, and their temperature maintained without difficulty.

All seemed to be doing well, when on the sixth or seventh day bleeding occurred, by which several ounces of blood were lost. It was soon arrested, however, and a tourniquet placed upon the limb, left loose, but in a manner to be readily tightened in case of a return of the hæmorrhage. The Capitol being used merely as a temporary hospital, it became necessary to remove the patients to other places, and as our hospital (the Casparis) being near, quite a number of the worst ones was brought there, and put under my care, and among the rest Mr. Cornwell, who was admitted on the 20th of October.

From this time to the termination of the case, the patient was daily under my own eye, his progress and his condition carefully observed. The wound was filling up with granulations of healthy appearance, except at the centre, from which issued, rather freely, a dark bloody matter, strongly resembling dissolved coagula of blood mixed with a small quantity of pus. Pulse on admission 130; limb warm; tongue slightly coated; tolerable appetite; bowels in good condition. Doctors May and Shippen taking much interest in the case, called almost daily for nearly a week to see the patient, and seemed well pleased with the existing state of things.

On the thirteenth or fourteenth day of the operation, the proximal ligature came away by itself, with knot and loop on the end. This was preserved and shown to the medical gentlemen when they called. The healing process was going on favorably, and Dr. May called four or five days after, and learning that nothing of an untoward nature had occurred, expressed the belief that the recurrence of hæmorrhage was by no means to be apprehended, especially at so late a period; but in this we were most sadly disappointed, for on the eighth or ninth day from the coming away of the ligature, on the 30th of October, secondary hæmorrhage again took place, and that profusely. Prompt attention was given, and notwithstanding it was speedily controlled such an amount of blood was lost as to greatly reduce the strength of the patient, and hazard his life. I should judge ℥ xvj. or ℥ xx. flowed out in a very few moments, for it jetted up in a stream near the size of one's little finger. I immediately dispatched a note to our surgeon in charge, W. E. Waters, M.D., of U.S.A., informing him of what had happened, requesting his presence, and suggesting the civility of extending an invitation to Dr. May to accompany him. Dr. Waters being ill at the time could not come, but sent the line to Dr. May, who responded, though not till I was about to begin the operation of tying the femoral artery, as I had resolved on doing, just above the arteria profunda. I should have done this in a short time had the Doctor not come in as he did.

A brief consultation was had; he gave it as his decided opinion that the patient would inevitably die; but to prevent his more immediate death from the loss of blood, advised ligating the external iliac. Thought there would be the same risk of hæmorrhage from the close proximity, above, of the external pudic, epigastric, and circumflexa ilii, as in tying the femoral in the first instance one-half or three-quarters of an inch below the profunda, which he affirms he did. I could not coincide with him in this view of the case; but inasmuch as he had already had so much to do with it, and had shared largely in the responsibility, I did not persist in maintaining the ground I had taken, and he, in the usual way, ligated the external iliac.

And here I would remark that, had the femoral artery been tied at the point I proposed (close to the profunda above), the great danger of peritoneal inflammation would have been avoided. And, moreover, it was far from being certain that hæmorrhage would have again taken place; the patient would have had, at least, one more chance of living, and in case this apprehended accident had followed, the iliac could then have been secured; and even had death ensued from the exhaustion, which, in truth, was quite probable, I am well assured it would have occurred at a much later period. After the operation the limb was carefully enveloped in cotton batting and flannel, and its natural temperature preserved. Having recovered from the more direct influence of the anæsthetic, stimulants were administered freely and an opiate given at bed-time.

*Oct.* 31*st.*—Rested tolerably through the night, feels

quite comfortable this morning. Pulse 130, more full than on the evening previous. Takes some food and appears less exhausted. In the course of the day he began to complain of pain and soreness in the bowels; fomentations were applied, and directed to be continued, and the following pill ordered to be given:—℞. Pulv. opii, gr. x.; hyd. chlor. mit. ℈j.; mucil. g. acaciæ, q. s.; M. fiat massa, et in pil. x dividenda; give one every two hours. Stimulants still given, but at longer intervals and in less quantity, as there was more reaction. *Nov. 1st.*—Slept but little during the night. Suffers but little pain. Abdomen tympanitic and very tender to the touch; applied a large blister; continued the pills of opium and calomel, with beef-tea, chicken broth, etc. Pulse more frequent, 145. Vomiting took place, and continued to recur at short intervals in despite of various means employed to allay it. Cadaverous expression of countenance; dry tongue; urgent thirst; in short, all the symptoms more unfavorable and portentous, and pointing unerringly to a speedy fatal termination. Not the least hope in the case. *Nov. 2d.*—Had a bad night; not much pain, but almost constant vomiting. Both medicines and food are ejected immediately after they are taken. Pulse 160; so small as scarcely to be felt at the wrist. Bowels more tympanitic and still tender. Leg and foot of natural temperature; mind clear; desires death as a relief from suffering. *Evening.*—All the symptoms decidedly worse. Can hardly live through the night. He died Nov. 3d, at 10 A.M.

*Autopsy.*—Twenty-four hours after death. Here I would premise that Dr. May, to account for this unlooked-for and extraordinary secondary hæmorrhage, takes the ground that there must be an abnormal division of the femoral artery; and being fully impressed with the idea of the existence of two femorals, supposes that both had suffered injury, and one, as he confidently affirms, he tied, in the manner above mentioned, while the other, not being seen nor supposed to exist, continued open and gave rise to the hæmorrhage and what followed.

The external iliac having been injected downwards, and the popliteal upwards, that the examination might be made with greater ease, and that more satisfactory results might be obtained, the dissection was conducted as follows.

An incision, through the skin and cellular substance, was made over the track of the femoral artery, from Poupart's ligament down to the inner side of the knee; these were dissected up and turned back; the superficial fascia was divided, carefully raised and laid aside; the fascia lata was now divided on a director, and, with much care, dissected from the parts beneath; the sartorius muscle was raised and laid aside, and the sheath inclosing the crural vessels exposed. Poupart's ligament was now cut through, and the incision extended into that made for ligation of the iliac. Consequently the cavity of the abdomen was opened; and here were found all the evidences of inflammation: effused serum, deposition of coagulated lymph, and the small vessels of the peritoneum highly injected. The external iliac, from its origin, and the femoral artery were carefully separated from their surroundings, and traced down to one-half, or, at most, three-quarters of an inch below the origin of the arteria profunda, where the femoral was lost in an aneurismal sac. The femoral vein was likewise traced from where it passes under the crural arch down to the sac, where it, too, was lost sight of; its usual relations to the artery existed. Next, the popliteal and femoral arteries and veins were, with great care, dissected out and traced up to within five inches of Poupart's ligament, where they, in like manner, were lost in the lower margin of the aneurism, which, on being removed from its bed, was found to be about the size of a very large goose-egg, and something of the same shape. The most diligent search was instituted, all of the several parts being dissected out with great care, and no second femoral artery could be found, and nothing discovered in the division and distribution of the arteries of the thigh of an abnormal character.

I am positively assured that no aneurism existed at the time of making the operation of ligating the femoral artery, except the small grape-like tumor above named, and therefore it must have formed since. It had burrowed deep among the muscles, approaching very near the femur, and lying under the deep fascia, had not protruded much in front. This sac, together with the several vessels, was removed and preserved for inspection.

Professor May was present, witnessing and assisting in the examination, and having the most indubitable evidence to the contrary, was obliged to give up his idea of the existence of two femoral arteries. The case seemed inexplicable. The facts connected with the several steps of the operation of tying the femoral I have from no careless or ordinary observer, but a scientific, experienced, and practical surgeon, and one who occupies no unenviable position in the profession; hence his statements are entitled to respect, and his testimony worthy of credence. But how are we to reconcile what is affirmed in respect of tying the wounded femoral artery—both on the cardiac and distal sides of the injury, the upper ligature having been applied three-quarters of an inch below the origin of the profunda, and the distal one, an inch and a half lower down, and the vessels divided between the two—and what was actually proved by the post-mortem examination?

Whence came the blood to form so large an aneurism in so short a time? Could any small muscular branches which may have been given off between the ligatures, anastomosing with some others, have become so enlarged as to have afforded a sufficient amount of blood for this purpose?

In the performance of the operation I do not see how any mistake could have been made. How can this matter be explained?

Casprl's Hospital, Washington, D.C., Nov. 20, 1862.

## CASES IN PRIVATE PRACTICE.

By G. A. DAYTON, M.D.,

MEXICO, N. Y.

### FALLOPIAN PREGNANCY—DEATH IN 32 HOURS.

On Tuesday the 25th of March, 1862, I was consulted by a gentleman in relation to the illness of his wife. He informed me that she had missed her last menstrual period, and the time had now arrived when her second period should take place, and that she was suffering the usual pain experienced on such occasions, only in an aggravated degree. I advised putting the feet and hips in hot water, and if the pain in the region of the uterus was very severe, to take a dose of morphine. On Wednesday the 26th, about eight o'clock in the forenoon, I first saw her and obtained the following brief history of her case. She was 26 years of age, had been married six years, never been pregnant, had on one or two previous occasions missed her menstrual time without any serious symptoms; that on this occasion she had suffered none of the usual symptoms of pregnancy; that on the day before, in her usual good health, about eight o'clock in the forenoon, while engaged in sweeping her room, she was suddenly seized with severe pain in the region of the uterus, which was accompanied by such "singular feelings" that she thought she was dying, which was immediately followed by faintness and vomiting, and was much distressed to get her breath; that during the night the menstrual discharge had come on, and she had been expecting relief, but had experienced no alteration of her sufferings; that the morphine had produced no appreciable effect, and had made her very sick at the stomach. I found her extremities cold, although she was complaining of the heat of the room; she was very pale. No pulsation could be felt in the carotid or arteries of the forearm; frequent vomiting, which consisted of her drinks, slightly tinged with bile; great thirst; incessantly calling for cold drinks, which were generally vomited as soon as swallowed; great difficulty was experienced in breathing. Stimulants, such as brandy, wine, and whiskey, were freely administered, but like all other fluids taken into

the stomach, were almost immediately ejected. Hot cloths were assiduously applied to the extremities, cataplasms of mustard and chloroform were applied to the surface, but with no effect, and all hope of reaction was at an end, and death was near; her mind remained clear until a few moments before she expired, which took place at four o'clock P.M., thirty-two hours from the time she was seized. The diagnosis was, that death was caused by hæmorrhage in the abdominal cavity; but what particular vessel, or from what cause, was unknown.

*Autopsy, forty hours after death.*—Rigor mortis well marked. On uncovering the body the abdomen was much distended and tympanitic. On opening the cavity of the abdomen the adipose deposit was nearly two inches in thickness, showing the good health of the patient at the time of the attack. As the cavity was opened a quantity of serum gushed out, this was followed by some fluid blood, which was carefully removed with the sponge, when a large quantity of coagulated blood was discovered; this was carefully removed, when the cause of death was readily discovered, viz.—the left fallopian tube was ruptured at the junction of the middle and ovarian third, and from which opening was protruding a fœtus, inclosed in its membranes, floating in its perfectly transparent waters, and death was caused by the hæmorrhage from the small vessel, ruptured into the cavity of the abdomen; the rupture was about ten inches in length, with ragged edges, and, as before stated, the fœtus, inclosed in its bag of waters, was protruding, and was about the size of a pullet's egg; the fœtus could be clearly seen through the transparent membranes and waters, and its sex (a male) readily distinguished; the umbilical cord could be seen and traced to the placenta, which was about the size of a silver dollar, and was firmly attached to the inner portion of the fallopian tube, a short distance from the rupture; the uterus was about the size usually found in women who have borne children. Its cavity contained some mucus tinged with blood, but on careful examination a strong light revealed no trace of the membrana decidua, which authors tell us lines the cavity of the uterus soon after conception; the ovaries were of the usual size and healthy. The accident or bursting of the fallopian tube, which caused the death of our patient, perhaps was caused by the congestion of the parts consequent upon menstruation.

### CASES OF TÆNIA EXPELLED BY PUMPKIN SEEDS.

I.—M. F., a lad of about twelve years of age, had for some months passed portions of tape worm from one to two inches in length; he had previously taken the etherial oil of male fern, followed by castor oil and turpentine in fourteen hours, but with no effect. On Saturday he was ordered to take ℥ ij. of pumpkin seeds, to be well bruised in a mortar; on Sunday at noon to take castor oil and spts. turpentine, each ℥ ij.; to take no food after taking the pumpkin seeds. On Sunday afternoon the oil and turpentine operated as a cathartic, bringing away the entire worm 17½ feet in length.

II.—In July last, 1862, Mrs.——, aged about 50, said she had passed portions of tape worm for several months, sometimes several feet in length had been expelled at one time; that she had taken several remedies, among them several drastic cathartics, with no effect. She was ordered pumpkin seeds, bruised well in a mortar, ℥ iij., fasting, to be followed in twenty-four hours with castor oil and spts. turpentine, each ℥ ij.; this brought away the entire worm twenty-three feet in length. My opinion is, that to make this remedy almost a specific, the seeds should be thoroughly bruised, so that the particles can come in contact with the head of the worm; also that fasting is absolutely necessary to enable the remedy to accomplish its work.

### CASE OF POISONING BY THE WINE OF COLCHICUM.

On the 14th of June, 1862, J. B., aged 67, in his usual health before breakfast, took as near as could be ascertained about ℥ ij. of wine of colchicum with a raw egg. Supposing that he had taken some kind of wine with his egg, he partook of a light breakfast; in about an hour he began to feel some uneasiness at the stomach, which increasing he soon began to vomit, throwing up what he had taken for his breakfast; pain soon was felt over the region of the stomach with nausea and frequent vomiting; the pain gradually extended itself over the abdomen, which was followed by several large watery evacuations, accompanied by severe griping pain at each discharge. At this time, some four hours after having taken the colchicum, I saw him: the extremities were cold, pulse slow, 45, and very feeble; great feeling of prostration, accompanied with restlessness; vomiting frequent, throwing up his drinks, tinged with bile; great thirst; he complained of severe pain and tenderness over the region of the stomach, and which was extending over the bowels. Evacuations from the bowels were frequent, with pain; the discharges were large and watery, colored with bile resembling the matter vomited. A strong mustard emplastrum was ordered over the stomach, warmth applied to the extremities, small bits of ice were allowed to dissolve in the mouth, and some to be swallowed to allay the thirst, and to check the vomiting sixty drops of fluid ext. opium were given as an enema to allay the pain, which also lessened the frequency of the discharges; the pain and tenderness over the stomach increasing, a blister was ordered, with directions to sprinkle morphine upon the abraded surface to allay his pain; stimulants were used as freely as the case admitted of, but he gradually failed, and died on the 19th with the symptom of gastro-enteritis. No autopsy allowed.

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CASE OF

## WOUND OF INTERNAL CAROTID ARTERY,

PRESENTED TO THE BRODIE MEDICO-CHIRURGICAL SOCIETY, HELD IN FREDERICK TOWN, MD., NOV. 22, 1862,

By REDFERN DAVIES, M.D.,

ACTING ASSISTANT SURGEON, U.S.A., LATE OF BIRMINGHAM, ENGLAND.

Leverett Evans, aged 22 years, of small stature and feeble build, was wounded at the battle of Antietam, Sept. 17, by a bullet entering (his mouth open) about the middle of the left anterior pillar of the fauces, and issuing at the back of the neck, two inches from the spinous process of the second cervical vertebra on the left side.

A probe passed freely through the two apertures, grating against bone in its course.

He stated that he had lost much blood, producing faintness for several hours after the receipt of injury. Since, however, being a patient in this hospital, he has done well, and, as usual, was walking about the ward, keeping his head as immovable as he could, up to the morning of the 31st of October, when, while lying on his bed, and without any known cause, hæmorrhage of a "bright red color" occurred to the amount of "about a wine-glassful:" this bleeding issued from both apertures of wound, and continuing but for a few minutes, so that when I was in attendance upon him there was only some clotted blood to be seen in his mouth and on the back of his neck. Another hæmorrhage occurred in the course of two days, when "about a teaspoonful" of blood was lost.

Both apertures, as well as discharge from the wound, continued very good, and his general condition, though feeble, was fair. On November 13th, shortly after eating his breakfast, when he appeared as usual, his mouth was observed to be drawn towards the right side, facial expression on the left side was gone, and on attempting to whistle his breath escaped at the left corner of his mouth.

In an hour or so he began to mutter incoherently, act deliriously, and died next day at six A.M.

*Post mortem* six hours after death, Nov. 14th. Examination of parts involved in this injury showed a sloughing passage in the bullet track, into which was forced for a distance of an inch the last molar tooth; the adjacent soft parts were healthy. Upon injecting the common carotid and

vertebral arteries of both sides, the injection passed readily and well in all save in the left internal carotid artery, where its progress was arrested firmly after passing for a distance of two inches; here its termination was covered in by an organized *cul de sac;* its distal termination, as also its branches were not able to be found.

Ligamentous union and cartilage between the bodies of the first and second cervical vertebra were gone, their opposing surfaces being roughened.

From the foregoing facts I am induced to believe that the internal carotid artery was laid open by the bullet; that from the consequent loss of blood which ensued fainting was induced; that while in that condition a sufficiently strong coagulum was produced to prevent any further escape; and that by the process attendant upon the prolonged suppuration (45 days), the remainder of the artery was disintegrated and passed away in the discharges.

The succeeding hæmorrhages were caused by minute openings into branches of the external carotid artery, which were spontaneously arrested as they spontaneously arose.

# Reports of Societies.

## NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, Sept. 10, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

### TUMOR OF THE CLITORIS.

DR. PRINCE exhibited a wax cast taken from a young girl 21 years of age, who about a year previous had primary syphilis. Shortly after the first appearance of the chancre she noticed a small excrescence growing from it. This grew very rapidly, but did not occasion her any inconvenience until within the past two or three weeks, when the lower margin became ulcerated, interfering with micturition and copulation. The mass had attained the aggregate size of a hen's egg, but was irregular and fringe-like in its shape. It was very vascular, firm, and was composed mostly of cellular tissue and mucous cysts, having the usual character of veneral condylomata. A remarkable feature in the character of the tumor was, that it was strongly connected with the clitoris, which was very much enlarged, and at all times erected and quite painful. All the usual remedies failed to show any good result, and finally the mass was removed by the ligature.

In connexion with that case he exhibited another wax specimen, which illustrated the character of a similar disease, yet presenting different characteristics. It was taken from a woman aged 28, an inmate of Bellevue Hospital and patient of Dr. Sayre. The growth occupied nearly the whole surface of the vulva, perineum, and adjacent portions of the gluteal region, was of a florid hue, mucous texture, and very vascular. The growth was very rapid, and on the least irritation was attended with hæmorrhage. The discharge which was afterwards secreted by the diseased surface soon became very profuse, and she became very much emaciated in consequence. The disease was completely cured by applications of tannin and alum.

### CROUP—TRACHEOTOMY.

DR. JACOBI presented the respiratory organs of a child two years of age, who died ten o'clock of the night before of croup. He related the following history of the case:—I first saw the child in consultation last Friday morning. He had been suffering for about ten or twelve days from nasal and laryngeal catarrh, and when the attending physician was called, twenty-four hours before I saw the child, there were well established symptoms of croup. Not only was there more or less occlusion of the larynx, but also diphtheritic membranes covering the tonsils and the adjoining parts of the pharynx. The physician made use of the usual remedies, but the symptoms grew more and more grave every hour, and when I was summoned suffocation seemed so imminent that I thought it best to resort to tracheotomy at once. The operation was performed in the usual way, with the exception that the incision into the trachea was made through the thyroid body. The hæmorrhage which followed this procedure was very much less than I expected it would be.

The operation under the circumstances was considered justifiable, inasmuch as I could not make out there was any pneumonia present. About twenty minutes after the operation the child breathed pretty well, and pulse ranged from 135 to 140 per minute. The pulse increased in frequency until the afternoon when it was about 150. The child then took a little of Horwood's tinct. of veratrum viride, a drop every two hours, and the following morning appeared evidently better, there being no positive symptoms of bronchitis present. During that afternoon there was a sudden collapse. The use of stimulants and quinine soon reduced the pulse from 190 to its former frequency, and gave us some hope for a recovery. On the morning of the third day, however, symptoms of suffocation began to show themselves, and the child would throw out from time to time hard shreds of mucous membrane with a temporary relief of the symptoms. The percussion sound was normal and clear posteriorly, but somewhat duller than usual anteriorly. The symptoms of suffocation gradually grew more and more manifest, and the child died last evening in about the same condition as he would have died from the first attack of croup. I have to state that one of the attempts to cure consisted in introducing a pretty strong solution of nitrate of silver. This was done day before yesterday at intervals of thirty-six and twelve hours before death. After the first attempt the child's breathing seemed to be less embarrassed, especially after some of the shreds of membrane were torn out by the feather containing the solution.

A portion of the larynx, pharynx, and trachea were then exhibited. Portions of the tonsils and the whole larynx were covered with pseudo-membranes, which did not show any disposition to separate. The wound made by the operation was so covered by this membrane above and below that the process of healing had progressed very slowly. The evidences of trachitis were very well marked. The membranous shreds could be traced down as far as the bifurcation of the bronchial tubes. The lungs were healthy, with the exception that on the left side there were pleuritic adhesions and several marks of pulmonary apoplexy.

DR. BUCK stated that he had frequently cut through and torn the thyroid body, without encountering any alarming hæmorrhage.

DR. KRACKOWIZER'S experience corroborated that of the two preceding gentlemen, and was inclined to believe that the danger of wounding the body in the operation was very much overrated by writers upon the subject. Tracheotomy was of necessity an operation which should be performed with despatch. He thought it was best, if the operator was sure that the hooks were securely and properly fixed, to cut boldly through the veins, resting assured that the hæmorrhage, though frightful at first, would cease of itself when the tube was introduced. The cardinal indication was to admit air into the trachea, and the quickest means to secure such an end were the best.

*(To be Continued.)*

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DURING the five years 1852-56, according to the Registrar-General's returns, 5415 suicides were committed in Great Britain (including Wales), showing an annual average of nearly 6 suicides (5·87) to 100,000 persons living at all ages, and of 26 to 10,000 deaths from all causes.

A PUBLIC ANALYST IN DUBLIN.—The corporation of Dublin have appointed a public analyst. There were four candidates, and Professor Cameron had a large majority.—*Brit. Jour.*

American Medical Times.

SATURDAY, DECEMBER 20, 1862.

## REPORT OF THE SURGEON-GENERAL.

The annual report of the Surgeon-General will be read with interest by the medical profession. It is the first time that an annual report from that department has arrested, or, perhaps, even merited public attention. But now, standing as the guardian of the health interest of our immense army of citizen soldiers, it becomes a document full of interest both to the general public and the profession.

The first fact of interest is the comparatively small expenditure for the fiscal year, ending June 30. This period, it will be remembered, embraced the vast preparations for, and execution of the campaign in the West, South, and South-West, as also the costly campaign of the Peninsula. The expenses of the Medical Department for the current fiscal year must be greatly in excess of the last, owing to the large increase of the army. But there is no branch of the public service which we can so poorly afford to stint and limit as the medical, and whatever may be the increased expenditures for the care and comfort of the sick, the people will liberally sanction them.

It is not a little remarkable that an army recruited in the Northern and Western States, and scattered over the most unhealthy districts of the South, should have passed the summer months without the occurrence of any severe epidemics. Although no statistics of disease or mortality accompanies the report, it may be stated from other sources of information that the percentage for the entire force was smaller than any army in the field in modern times. It is gratifying to learn from the Surgeon-General that, "never before were the sick and wounded of an army so well cared for, as are those who have suffered for their country in the present rebellion," and that "the hospitals are a credit to the nation." The medical officers of the regular and volunteer corps are justly commended. As a body they are deserving of higher rewards than Government is willing to concede to them.

The measures for increasing the usefulness of this department, which the Surgeon-General recommends, deserve the prompt attention of Congress. The importance of an ambulance corps with every division of the army is so apparent, and has so repeatedly been demonstrated, that we trust Congress will ignore the prejudices of military men, and provide for their organization. The increase of the medical staff, both of the regular and volunteer forces, should at once be made to reach the highest figure advised by the Surgeon-General. The increasing demand for competent hospital attendants can in no other way be supplied.

We are glad to learn that the Department of Sanitary Inspection is accomplishing much good, and may be pronounced a success. We have always regarded this branch of the medical service of the army as of the utmost importance to the health of the soldiers, and we have anxiously waited for the definite results of its labors. The corps of inspectors appointed were, in general, men of considerable experience in their special duties, and capable of organizing upon a proper basis this department. But thus far we had learned nothing of their success, and we are highly gratified to be informed from the highest official source, that this branch of service has given satisfaction. The recommendation of a larger inspectorial force and another Inspector-General, is important. It is quite impossible for eight inspectors to do more than examine, and that in the most superficial manner, a portion of our vast army, and the widely scattered hospitals. If the corps of inspectors is increased, we hope the most competent surgeons in the army will be selected; men who are adapted for the position by positive qualifications for this special service.

We have already presented our views of the necessity of an Army Medical School, where the candidate for a position in the Medical Staff of the Army shall be thoroughly educated in the duties of his future profession. It is idle to suppose that the proper instruction may be given in our medical colleges. France and England have been compelled to consolidate their scattered chairs of military surgery in a single school, and the result is a complete and comprehensive course, which is giving a higher grade of educational qualification to the medical corps of their armies. Nor can there be any rational objection to the establishment of a Medical School under Government patronage. It will be placed on the same footing as its military and naval schools, which are now yielding the ripe fruits of years of patient and laborious training.

The Surgeon-General recommends that the building of hospitals be intrusted to the Medical Department. If no other suggestion of the report is approved, we trust this will be. Already great harm has been done in the erection of hospital buildings by men who had not the remotest idea of their uses. In some instances ventilation has not entered into the plan; in the greater number it is lamentably deficient. Obviously the only remedy is to give the entire management of hospital erection into the hands of the Medical Department, which alone is capable of appreciating the hygienic principles involved in hospital construction.

We have not space to notice further this interesting document. It is clearly and forcibly written, and presents for the consideration of Congress suggestions for improvement, which ought to engage the early attention of that body.

## THE WEEK.

The English operatives are about to have superadded to their sufferings from destitution, that most terrible of all accompaniments of famine, the true spotted typhus, the "famine fever" of Ireland. So great is the destitution in the "cotton districts," that the greater bulk of the operatives are said to be living at a cost per week which twelve months ago sufficed but for a single day. They have parted with all their available furniture and blankets, and now, with the first frosts of winter, to obtain warmth, and escape rent, they crowd together in small ill-ventilated rooms. Thus are established the conditions necessary for the occurrence and prevalence of typhus. And now this dreaded disease has made its appearance, and in some districts it is so prevalent as to overtask the physicians. It gratifies our national pride to see the hearty response which our citizens have made to the call, to aid in the relief of these sufferers. Over $100,000 have already been subscribed to this fund, with ship-loads of grain. Not content

with aiding the famine and typhus-stricken operatives of England, we notice a call to consider the wants of French operatives, and the propriety of sending them material aid. It is but right that a country, whose free institutions excite the warm and hearty sympathy of the poor and oppressed of Europe, should contribute largely from the products of its teeming fields, and its overflowing granaries, to their relief.

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The ball has been extracted from Garibaldi's wound by Prof. Zanetti, one of his Italian attendants. The French are jubilant over the result, as proving the superiority of French surgery, and have presented Nélaton with a *souvenir*. The English do not conceal their chagrin at their discomfiture, but take comfort from the weak apology that the English surgeon examined the wound at an early date. Meantime, the merits of the Italian surgeons, who have been so rudely and officiously interfered with, are entirely overlooked. They first decided that the ball was lodged in the wound, indicated the course of treatment, and finally removed the offending body. They are entitled to all the credit attached to the surgical management of the case.

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In this number we commence a series of lectures on Military Surgery, by Prof. Detmold, who has recently been appointed to the chair of Military Surgery and Hygiene, in the College of Physicians and Surgeons. The instructions of one so widely known as an eminent and successful teacher of practical surgery, need no commendation at our hands. We will only add that these lectures will form an attractive feature of our next volume.

# Correspondence.

## FRENCH MEDICAL INTELLIGENCE.

At a late *Séance* of the Paris Academy of Medicine, the discussion on exophthalmic goitre, of which I gave a sketch in my last communication, was re-opened by M. Bouillaud, the president, and treated of *in extenso*. That the phenomena it presents were owing to a paralysis of the grand sympathetic, as alleged, was not for a moment admissible, for what so unnatural as to ascribe to the paralysis of a nerve results so different in nature as the luxation of an organ, exophthalmia; an organic lesion, hypertrophy of the thyroid gland; and finally, some palpitations. For cause more rational he would rather invite consideration to the great resemblance that the subjects of this malady bear to the victims of onanism. Every one admits that derangement of the genital functions appears to influence a development of the thyroid body, as in gestation for example it is often hypertrophic, and he has seen several cases wherein the malady was traceable *only* to onanism. He does not pretend to attribute the development of exophthalmic goitre to onanism *exclusively*, but to every excess and abuse in general of the sexual functions. M. Trousseau, he adds, is not entitled to any applause for his agglomeration of well known but incompatible phenomena, with a view to forming a new *entité morbide*, and finally closes by offering the following conclusions:

1st. Of the three elements attributed to the malady called by M. Trousseau, Maladie de Basedow* ou de Graves,† there is one, the cardiac element, which has no necessary relation with the two others. This breaks the famous triad.

2d. Between the two other elements there is no actual identity, since exophthalmia pertains to the class of luxations as much as the goitre pertains to that of excess of nutrition or hypertrophies. The coincidence of these two states is subservient to conditions which are not sufficiently known. But we must hold in consideration the influence exercised in certain cases from compression of the external jugular veins by the tumefied thyroid body.

3d. The etiology of exophthalmic goitre does not appear to have sufficiently attracted the attention of our predecessors. For our part, we have believed it our duty to signalize as one of the causes, if not the essential cause, the species of excess so common and so prolific in grievous consequences, of which Tissot and Lallemand have made an especial study.

It has been stated that M. Trousseau rejects the word cachexy in connexion with the disease under consideration, and defines cachexy as "la dernière expression de la chlorose ou de l'albuminurie, c'est une sorte d'alteration profonde, indeterminé, irremediable de l'organisme." M. Beau sees differently, and makes use of the term *cachexie exophthalmique*, and defines it as a cachexy, or an anæmia, or chloro-anemia, in which are to be found a marked predominance of cardiac and vascular symptoms. And further, that there are two characteristic lesions which separate it from other cachexies or anæmias, viz. goitre and exophthalmia.

In considering the causes of the *cachexie exophthalmique*, M. Beau declares himself to be of decided opinion on this point, and relates the following seven cases in support of the causes being chiefly moral:

1. A lady, whose husband held a high position under the government of Louis Philippe, and having no personal fortune, fell to the grade of mediocrity with the reverses of the Revolution. She contracted the exophthalmic cachexy.

2. A lady lost by litigation a part of her fortune, and became similarly affected.

3. A Russian lady, greatly afflicted by reason of separation from her husband, whom she ardently loved, and of whom she was jealous, was taken with the cachexy, which resisted for a great length of time all therapeutic agents. At Paris, where her husband came to rejoin her, she was successfully treated with the *ferrugineux*, until her husband was again compelled to leave: from this moment the treatment failed, and the disease reappeared in all its severity.

4. The young daughter of a Parisian artisan could not marry with a young man of her choice, and contracted the same malady.

Finally, three men, two of whom are provincial practitioners, exhibited similar signs after deep afflictions. Singular to say, in these last exophthalmia was wanting, the disease being only substantiated by the cachectic state, the heart affection, and the goitre.

Cygnet.

* A German. † Dr. Graves of Dublin.

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A day or two ago, a neat little printed circular, headed "Funeral Depôt," was dropped into our letter-box, and in it we read:—

"Mr. F—— presents his compliments to Dr. ——, and begs to inform him the usual Commission will be allowed on all Business recommended to the above Establishment."

We confess that our feeling was one of acute admiration at the cool impudence of the undertaker who had favored us with the note; but our admiration was changed into unmitigated wonder, when we subsequently learned that there were not lacking in town medical men who were but too willing to take the office of commission agent to an undertaker; and that a well-known practitioner had but a few weeks previously received for one funeral—one "piece of business" he had recommended—no less a commission than £50! "You see, sir," said our informant, "it was a first case. The maximum commission is usually 20 per cent.; but in this instance, anxious to secure the interest of the gentleman, who is rapidly rising in practice, and the job being a good one, 25 per cent. was given."—*Lancet.*

# Army Medical Intelligence.

## ANNUAL REPORT OF THE SURGEON-GENERAL, U.S.A.

SURGEON-GENERAL'S OFFICE,
November 10, 1862.

SIR:—I have the honor to lay before you a statement of the fiscal transactions, and a report upon the operations generally, of the Medical Department of the Army, for the fiscal year ending on the 30th of June, 1862.

The amount of the appropriation for the Medical and Hospital Department on the 30th of June, was:

| | | |
|---|---|---|
| In the hands of disbursing agents | | $6,006 62 |
| In the Treasury of the United State | | 41,172 92 |
| Amount appropriated per Act, July 17, '61 | | 1,271,841 00 |
| Amount appropriated per Act, Feb. 25 '62 | | 1,000,000 00 |
| Amount appropriated for deficiency to June 30, '62, approved Feb. 25, 1862 | | 125,000 00 |
| Amount refunded into the Treasury, on account of Medical and Hospital stores sold at auction, viz. D. D. Morrison, $330.60, John Moore, $950.50, E. H. Abadie, $330.48, I. D. Cotton, $240.00, Samuel Elliott, $18.82 | | 1874 35 |
| Total | | 2,445,894 89 |
| Of this sum there has been expended on account of pay, etc., of private physicians, contracted in 1861 | 85,052 91 | |
| do. do. 1862 | 86,597 76 | |
| For medicines, instruments, hospital stores, etc. | 2,249,462 52 | 2,371,113 19 |
| Leaving in the hands of disbursing agents | | 74,781 70 |

It has been usual for a report of the sickness and mortality of the Army to accompany this report, but it is found impracticable, arising from the vast amount of labor incident thereto, and it will be furnished, it is believed, in time for publication as a supplement to the "Surgeon-General's report for the fiscal year ending June 30, 1862." In the meantime, however, I am able to present the following statement of General Hospitals, and the number of patients according to the latest returns received at this office.

| *Names of Hospitals.* | *Location.* | *No. of Patients.* |
|---|---|---|
| Ascension | Washington | 294 |
| Armory | " | 486 |
| Carver | " | 1278 |
| Columbian | " | 728 |
| Cliffburne | " | 1087 |
| Casparis | " | 113 |
| Douglas | " | 345 |
| Eckington | " | 830 |
| Emory | " | 902 |
| Epiphany | " | 172 |
| Ebenezer | " | 137 |
| Finley | " | 561 |
| Harewood | " | 1834 |
| Judiciary | " | 491 |
| Kalorama | " | 19 |
| Mount Pleasant | " | 1351 |
| Odd Fellows' Hall | " | 168 |
| Patent Office | " | 660 |
| Ryland Chapel | " | 161 |
| Stone | " | 92 |
| St Elizabeth | " | 185 |
| Trinity | " | 315 |
| Union Chapel | " | 47 |
| Cranch | " | 178 |
| St. Aloysius | " | 239 |
| 1st Division | Alexandria | 585 |
| 2d " | " | 512 |
| 3d " | " | 584 |
| Camp Parole | " | 347 |
| Fairfax Seminary | " | 1176 |
| Seminary | Georgetown | 115 |
| Union | " | 174 |
| Presbyterian | " | 117 |
| Trinity | " | 191 |
| College | " | 298 |
| Dunbarton | " | 97 |
| Camden Street | Baltimore | 575 |
| Stewart's Mansion | " | 450 |
| Patterson Park | " | 282 |
| Newton University | " | 202 |
| McKim's Mansion | " | 332 |
| West's Buildings | " | 682 |
| Annapolis | Annapolis, Md | 1197 |
| General Hospital, No. 1 | Frederick, Md | 717 |
| " " 2 | " | 194 |
| " " 3 | " | 306 |
| " " 4 | " | 261 |
| " " 5 | " | 491 |
| " " 6 | " | 193 |
| Camp A | " | 697 |
| " B | " | 898 |
| Broad Street | Philadelphia, Pa | 785 |
| South " | " | 202 |
| Wood " | " | 186 |
| Fifth " | " | 218 |
| St. Joseph's | " | 120 |
| Christian street | " | 187 |
| West Philadelphia | " | 1863 |
| Pennsylvania | " | 100 |
| Summit House | " | 147 |
| Fourth street | " | 221 |
| Catharine " | " | 85 |
| Master " | " | 214 |
| Front " | " | 186 |
| Turner's Lane | " | 154 |
| Race Street | " | 313 |
| Hestonville | " | 151 |
| Germantown | " | 139 |
| Filbert Street | " | 313 |
| York | Pennsylvania | 926 |
| Reading | " | 202 |
| Harrisburg | " | 597 |
| Chester | " | 816 |
| Hammond | Point Lookout, Md | 977 |
| Bellevue | New York | 609 |
| David's Island | " | 2146 |
| Jews | " | 53 |
| Ladies' Home | " | 263 |
| City | " | 240 |
| Fort Wood | " | 508 |
| Twenty-Eighth Street | " | 86 |
| Blackwell's Island | " | 243 |
| Brooklyn | " | 131 |
| Long Island College | " | 122 |
| Fort Schuyler | " | 455 |
| St. Luke's | " | 56 |
| Fort Columbus | " | 93 |
| New Haven | Connecticut | 175 |
| Portsmouth Grove | Rhode Island | 1322 |
| Newark | New Jersey | 1343 |
| Clareysville | Maryland | 463 |
| Beaufort | North Carolina | 269 |
| Newbern | " " | 118 |
| Portsmouth | " " | 58 |
| Hilton Head | South Carolina | 227 |
| Beverley | Virginia | 61 |
| Grafton | " | 152 |
| Parkersburg | " | 59 |
| Wheeling | " | 74 |
| Fort Monroe | " | 1600 |
| Chesapeake | " | 238 |
| Mill Creek | " | 681 |
| Hampton | " | 852 |
| Yorktown | " | 162 |
| St. James | New Orleans, La | 300 |
| Marine | " " " | 1200 |
| City | St. Louis, Mo | 447 |
| Marine | " | 193 |
| Charity | " | 85 |
| House of Refuge | " | 719 |
| Good Samaritan | " | 186 |
| Benton Barracks | " | 106 |
| Convalescent | " | 1021 |
| Jefferson Barracks | Missouri | 1049 |
| Jefferson City | " | 100 |
| Springfield | " | 251 |
| Keokuk | Iowa | 1520 |
| Quincy | Illinois | 422 |
| General Hospital, No. 1 | Louisville, Ky | 145 |
| " " 2 | " " | 133 |
| " " 3 | " " | 158 |
| " " 4 | " " | 227 |
| " " 5 | " " | 116 |
| " " 6 | " " | 134 |
| " " 7 | " " | 125 |
| " " 8 | " " | 134 |
| " " 9 | " " | 125 |
| " " 10 | " " | 129 |
| " " 11 | " " | 133 |
| " " 12 | " " | 149 |
| " " | Columbus, Ky | 78 |
| Floating Hospital | " " | 20 |
| Paducah | Kentucky | 214 |
| Bardstown Road | " | 80 |
| Greenup street | Covington, Ky | 61 |
| U[illegible] Hospital | " " | 173 |
| S[illegible]minary | " " | 230 |
| Union City | Tennessee | 60 |
| Memphis | " | 676 |
| Jackson | " | 551 |
| General Hospitals, (5.) | Evansville, Ind | 1070 |
| Marine | Cincinnati, Ohio | 62 |
| Third street | " " | 61 |
| West End | " " | 85 |
| Camp Dennison | " " | 1582 |
| Washington Park | " " | 228 |

The number of General Hospitals is thus seen to be 150, and the total number of patients in them, 58,715.

During the past year the health of the troops has been remarkably excellent. No epidemics of any severity have appeared among them, and those diseases which affect men in camp have been kept at a low minimum. Scurvy has

been almost entirely prevented, and yellow fever, from which much was feared, has had but few victims. This immunity is due to the excellent hygienic arrangements instituted, and to the cordial manner in which Generals in command have co-operated with the proper authorities.

In an army of the size of that now maintained by the United States, it was of course to be expected that the absolute number of sick would be very large, and the important battles which have been fought have thrown a large number of wounded on the care of the Department. At present the total number under the charge of officers of the Medical Department is not short of 70,000, and immediately after the battle of Antietam it was over 90,000. That this large number could be provided for without some cases of unnecessary suffering occurring, would perhaps be too much to expect; but I must commend the Medical Corps, both of the Regular and Volunteer service, for the faithful and efficient manner in which their duties have been performed. In the discharge of their duties Medical Officers have been very much aided by the contributions of the people of the country, and by the efficient co-operation of the Sanitary Commission and Relief Associations.

In addition to providing the sick and wounded with medical attendance and medicines, much has been done by the Department in furnishing food, clothing, and comforts of various kinds. From much observation, both at home and abroad, and from the concurrent testimony of distinguished foreign medical officers, I am satisfied that never before were the sick and wounded of an army so well cared for as are those who have suffered for their country in the present rebellion. The hospitals, I take pride in saying, are a credit to the nation.

Before the several medical boards in session during the year (from July 1st, 1861, to June 30th, 1862), a large number of applicants for appointment in the medical staff of the Army were invited by the Secretary of War. Of these sixty-six candidates duly presented themselves. Thirty-three of this number were approved, and five rejected; the remaining twenty-eight withdrew, one on account of physical disqualification. Before the same Boards eleven Assist. Surgeons were examined for promotion, nine of whom were found qualified, and two not considered as coming up to the standard of merit required. In the examination by these Boards, the standard of attainments required for success was much lowered, the Board in New York being ordered to examine two candidates each day for the regular army, while the examination of candidates for the appointment of Surgeon of Brigade became little more than a farce. Since the 1st of June last, however, the standard of examination has been raised, and the gentlemen now entering the Medical Staff have been found fully competent to undertake the important trust with which they are charged.

The breaking out of the rebellion found the United States Army with a Medical Department arranged for a peace establishment of 15,000 men. Experience soon demonstrated the fact, that, however efficient its officers might be, the organization was such as to ill adapt it to the necessities of a large force in time of war. Partial progress in the right direction was made by Congress in increasing the rank of the Surgeon-General, adding a limited Inspecting Corps, and increasing the number of Surgeons, Assist. Surgeons, Medical Cadets, and Hospital Stewards. The Department was also placed on a more independent footing, and its whole status elevated. But there are still other measures, which, if adopted, cannot fail to add to the efficiency of the Department, and these I desire to urge through you on the attention of Congress.

First among these is the establishment of a permanent Hospital and Ambulance Corps, composed of men specially enlisted for duty in the Medical Department, and properly officered, who shall be required to perform the duties of nurses in the hospitals, and to attend to the service of the ambulances in the field. By the establishment of this corps several thousand soldiers, now detached as nurses, cooks, etc., would be returned to duty with their regiments, and the expense now incurred by the necessary employment of contract nurses obviated. A corps formed upon the basis of two men to each company in service, organized into companies of 100 privates, with one Captain, two Lieutenants, four Sergeants, and eight Corporals to each company, would relieve the line of the Army from all details for the Medical Department, and enable the Department to render far more efficient services to the sick and wounded than it is capable of affording under the present system. The necessity of such a corps has been recognised in all European armies, and I am able to speak from personal observation of the great advantages to be derived from it.

I regard an increase of the Medical Corps, both of the regular and volunteer forces, as absolutely necessary. The law of Congress, approved July 2d, 1862, provides sufficiently, except for Cavalry and Artillery regiments, for the wants of troops in the field, but the service in hospitals has to be filled to a great extent by the employment of contract physicians. I therefore recommend that the Medical Corps of the Regular Army be increased by twenty Surgeons and forty Assist. Surgeons, and the Staff Corps of Volunteer Medical Officers by fifty Surgeons and two hundred and fifty Assist. Surgeons. This last Corps now consists of 200 Surgeons and 120 Assist. Surgeons. The Cavalry and Artillery organization requires Medical Officers as much as Infantry. The omission on the part of Congress should be supplied; a Surgeon and two Assist. Surgeons should be authorized for each regiment of Cavalry, and for each regiment of heavy Artillery, and an Assist. Surgeon to each Light Battery.

Under the First Section of the Act of June 30th, 1834, Assist. Surgeons of the regular army must have served five years before being eligible for promotion as Surgeon. On the 1st of November there were but six Assist. Surgeons in the army who had served five years. The effect of this law will be to prevent the filling of vacancies which may occur in the grade of Surgeon, and I therefore recommend that so much of said section as requires Assist. Surgeons to serve five years as such, before being eligible to Surgeoncies, be repealed.

The number of Medical Cadets is altogether too small for the necessities of the service. I therefore recommend that authority be given to appoint as many as may be required, in accordance with existing laws on the subject.

The institution of a Medical Inspecting Corps has been productive of excellent results. The number of Inspectors authorized is, however, too limited to enable the service to be as efficiently performed as is desirable. I therefore recommend that two Inspectors General and eight Inspectors be added to the present organization. The authorization of an additional Assist. Surgeon-General would also be a measure of great propriety.

Considerable progress has been made in the establishment of an Army Medical Museum. The advantages to the service and to science from such an institution cannot be over estimated. I respectfully recommend that a small annual appropriation be made for its benefit.

An Army Medical School, in which Medical Cadets and others seeking admission into the Corps, could receive such special instruction as would better fit them for commissions, and which they cannot obtain in the ordinary medical schools, is a great desideratum. Such an institution could be established in connexion with any General Hospital, with but little if any expense to the United States. A hospital of a more permanent character than any now in this city is, I think, necessary, and will be required for years after the present rebellion has ceased. I therefore recommend that suitable buildings be purchased or erected for that purpose. If this is done the Medical School and Museum will be important accessions to it.

Experience has shown that a most useful class of officers was authorized by the Act relative to Medical Storekeepers.

The number now authorized is too small. They could very properly perform the duties of medical purveyors, now performed by medical officers, and thus officers who have been educated with special reference to service as physicians and surgeons, and who are now acting as medical purveyors, would be enabled to resume their proper duties. I therefore recommend an addition to the medical storekeepers.

At present the washing of clothes in General Hospitals is provided for as follows: One matron is provided for every twenty patients, who receives a compensation of six dollars per month and one ration. Great difficulty is experienced in large General Hospitals in procuring a sufficient number of matrons to perform this duty, and I have the honor to propose that, instead of this now unreliable plan, a sum of money, equivalent to the pay and allowance of a matron, say twelve dollars for every twenty patients, be monthly allowed to every General Hospital, to be appropriated for laundry purposes at the discretion of the Surgeon in charge, whether to the payment of matrons or the payment of bills for washing by steam or otherwise.

The 10th Section of the Act approved July 17, 1862, gives additional rank to officers of the Adjutant Generals, Quartermasters, Subsistence, and Inspector Generals Department who are serving on the Staff of Commanders of Army Corps. There is, I think, manifest propriety in extending the provisions of this Act to the officers of the medical department who may be on duty with such command as medical directors, and I respectfully ask for such extension.

The Engineer and Ordnance Departments are charged with the erection of buildings which requires special knowledge. The building of hospitals also requires knowledge of a peculiar character, which is not ordinarily possessed by officers out of the medical department. It would therefore appear obviously proper that the medical department should be charged with the duty of building the hospitals which it is their duty to administer.

In the matter of transportation the interests of the service require that the medical department should be independent. Much suffering has been caused by the impossibility of furnishing supplies to the wounded, when those supplies were within a few miles of them in great abundance.

The establishment of a laboratory, from which the medical department could draw its supplies of chemical and pharmaceutical preparations, similar to that now so successfully carried on by the medical department of the Navy, would be a measure of great utility and economy. I therefore respectfully recommend that authority be given for this purpose.

In regard to the age at which recruits are received into service a change is imperatively demanded, both for the interest of the Army and the welfare of individuals. The minimum is now fixed at eighteen years, and it is not uncommon to find soldiers of sixteen years old. Youths of these ages are not developed, and are not fit to endure the fatigues and deprivations of military life. They soon break down, become sick, and are thrown upon the hospitals. As a measure of economy I recommend that the service age of recruits be fixed by law at twenty years.

The present manner of supporting the cartridge-box is productive of hernia or rupture. Many instances in support of this statement have occurred since the commencement of the rebellion, and reports on the subject are frequently received from medical officers. I recommend that, instead of being carried by a belt around the waist, the cartridge-box be supported by a shoulder-strap. This would entirely obviate the evil.

At the last session of Congress the sum of two millions of dollars was appropriated for the relief of discharged soldiers. I recommend that one million of dollars of this sum be set aside for the establishment of a permanent home for those who have been disabled in their country's service. This measure is one of such importance that I forbear entering into details at this early period. An establishment of the kind organized upon an approved plan would be productive of incalculable benefit.

Soon after my appointment I issued circulars to medical officers, inviting them to co-operate in furnishing materials for a Medical and Surgical History of the Rebellion. A large number of memoirs and reports of great interest to medical science, and military surgery especially, have been collected, and are now being systematically arranged. The greatest interest is felt in this labor by the medical officers of the Army and physicians at large.

The reorganization of the Medical Department necessitated a new set of regulations for its guidance. Under your orders a Board has been in session preparing a new code. Their labors have been very much interfered with by the necessity of detailing them, from time to time, for more imperative duties, but I expect to be able to submit to you, in a short time, a complete set of regulations for your approval.

I have deemed it my duty, with your sanction, to visit, from time to time, the hospitals and armies of the eastern portion of the country. I have thus been enabled to make myself acquainted with their sanitary condition and medical wants. I hope, ere long, to be able to extend these inspections to the west.

A uniform diet table for General Hospitals has been prepared with great care, and promises to work advantageously.

Large depôts of medical supplies have been established at New York, Philadelphia, Baltimore, Fortress Monroe, Washington, Cincinnati, Cairo, St. Louis, and Nashville, which have proved of incalculable advantage to the sick and wounded. Moreover, large sums have been saved by the accumulation of stores before the recent advance took place.

In terminating my report, I desire to express the hope that the labors of the Officers of the Medical Department may be made more and more worthy of the high mission which has been confided to them.

I am, Sir, very respectfully, your obt. servt.,

WILLIAM A. HAMMOND,
*Surgeon-General.*

HON. E. M. STANTON,
*Secretary of War.*

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GENERAL ORDERS.—No. 36.

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE,
WASHINGTON, April 7, 1862

1. The General Hospitals are under the direction of the Surgeon-General. Orders not involving expense of transportation may be given by him to transfer Medical Officers or Hospital Stewards from one General Hospital to another, as he may deem best for the service.

2. The Chief Medical Officer to whom the charge of all the General Hospitals in a city may be intrusted, will cause certificates of disability to be made out for such men as, in his judgment, should be discharged. He will be responsible that the certificates are given for good cause, and that they are made in proper form, giving such medical description of the cases, with the degree of disability, as may enable the Pension Office to decide on any claim to pension which may be based upon them. The certificates of disability will be signed by the Chief Medical Officer and forwarded by him to the Military Commander in the city, who shall have authority to order the discharge and dispose of the case according to existing regulations.

3. The final statements, and all the discharge papers, will be made out under the supervision of the Military Commander, and signed by him. Where the men are provided with their descriptive rolls there will be no delay in discharging them after their certificates of disability are acted on. But if they have no descriptive rolls, application will be made to the Company Commander for the proper discharge papers, and the men may be maintained at the hospital a reasonable time while awaiting them, to avoid their being turned off without means of support. The

discharge will, in all cases, bear the date when the papers are actually furnished to the soldier.

4. When a man is received in any hospital without his descriptive roll, the fact will be immediately reported by the Medical Officer in charge to the Military Commander, who will at once call on the Company Commander, in the name of the Secretary of War, promptly to furnish the military history of the man, and his clothing, money, and other accounts with the Government.

5. When too long a delay would arise in discharging the man because of the remote station of his company, application will be made by the Medical Officer to the Adjutant General for such account of the man as his records will furnish. To this partial descriptive roll the Medical Officer will add the period for which pay is due the man since his entry into the hospital. The man will then be discharged and receive the pay and travelling allowances thus shown to be due him, leaving the balance due him on account of clothing, retained pay, &c., for settlement in such manner as may hereafter be determined.

6. The Military Commander's duties, in reference to all troops and enlisted men who happen to come within the limits of his command, will be precisely those of a commanding officer of a military post.

7. It is made the duty of each Military Commander to correct, as far as may be in his power, the evils and irregularities arising from the peculiar state of the service at this time, by collecting stragglers and sending them forward to their proper stations, or discharging them on certificates of disability, if, on examination by the Chief Medical Officer, they be found unfit for the service.

8. The Military Commander in each city will have control of such guards as may be furnished to preserve discipline and good order at the several military hospitals. He will advise the Adjutant General of the Army what number of companies will be required for such guards. He will cause them to be properly posted, relieved, and instructed.

9. Whenever the Chief Medical Officer shall report a number of patients as fit to join their Regiments, the Military Commander will give the necessary orders to have them forwarded in good order and under suitable conduct.

10. The chief Medical Officer in each city is authorized to employ as cooks, nurses, and attendants, any convalescent, wounded, or feeble men, who can perform such duties, instead of giving them discharges.

11. All officers and enlisted men of Volunteers who are on parole not to serve against the rebels, will be considered on leave of absence, until notified of their exchange or discharge. They will immediately report their address to the Governors of their States, who will be duly informed from this office as to their exchange or discharge.

12. The duties of Military Commander, as above defined, will devolve, *in the District of Columbia*, on the Military Governor; *in the City of Baltimore*, on the Commander of the Middle Department; *in the City of Philadelphia*, on Lieutenant Colonel H. Brooks, 2d Artillery, hereby assigned to that station; *in the City of New York*, and the military posts in that vicinity, on Brevet Brigadier-General H. Brown, Colonel 5th United States Artillery.

By order of the Secretary of War.

L. Thomas, Adjutant General.

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Adjutant General's Office,
August 26, 1862.

Note to Par. 5:

"In cases where too long a delay would arise in discharging a man because of the remote station of his Company," and when no descriptive list, or partial descriptive list, can be obtained from this office, the men referred to will be discharged under this order, and an order given them on the Quartermaster's Department for transportation to their homes. This order will be signed by the same officer who signs the discharge. The Quartermaster's Department will furnish transportation to such men, upon the presentation of this order, requiring them also to show their discharge.

By order of Major General Halleck.

E. D. Townsend, Assistant Adjutant-General.

Note 2d to Par. 5:

The sentence "To this partial descriptive roll the Medical Officer will add the period for which pay is due the man since his entry into the hospital," will be understood to give him pay *on this final statement* from the muster *next preceding* his entry into the hospital until the date of his discharge.

Official:

*Assistant Adjutant General.*

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Changes, etc., during the Week.—Leave of absence has been granted to following named medical officers on surgeon's certificate of disability.

Ass't Surgeon T. C. Wallace, 93d New York Vols., for twenty days.

Surgeon A. P. Dalrymple, U. S. Vols., for thirty days.

Surgeon J. T. Webb, 23d Ohio Vols., for twenty days.

Leave of absence for thirty days has been granted Ass't Surgeon G. H. Knapp, 61st Illinois Vols., subject to the approval of the Commanding Officer, Department of the Tennessee.

Ass't Surgeon John S. Pashey, 51st Illinois Vols., has been mustered out of service for absence without leave.

Surgeon N. F. Marsh, 4th Pennsylvania Cavalry, has been honorably discharged the service of the United States, on account of disability.

Surgeon G. L. Panconst, U. S. Vols., has been assigned to duty as Medical Director, 3d Army Corps.

Surgeon J. B. Peale, U. S. Vols., as Acting Medical Inspector, 11th Army Corps.

Surgeon A. C. Hamlin, U. S. Vols., as Medical Director, 11th Army Corps, relieving Surgeon George Rex, U. S. Vols., who has reported to the Surgeon General in person for duty.

Surgeon G. D. Beebe, U. S. Vols., as Medical Director of the Centre, Army of the Cumberland.

Surgeon Howard Culbertson, U. S. Vols., to duty in charge of General Hospital, Rolla, Mo.

Surgeon C. McDermont, U. S. Vols., as Medical Director, Right Wing, Army of the Cumberland.

Surgeon G. M. Kellogg, U. S. Vols., as Medical Director, 2d Kanawha District, Gauley, Va.

Surgeon E. F. Sanger, U. S. A., to duty at Fort Jackson, La.

Dr. John D. Johnson, to duty at the Newton University, Baltimore, Md.

Surgeon C. W. Jones, U. S. Vols., has been relieved from duty in the Medical Director's Office, Baltimore, Md.

Ass't Surgeon J. S. Watts, 4th Michigan Vols., has been ordered to rejoin his regiment without delay.

Ass't Surgeon Warren Webster, U. S. A., has been placed on duty in the Office of the Medical Director of the Army of the Potomac.

Ass't Surgeon G. L. Porter, U. S. A., to duty with the 5th U. S. Cavalry.

Ass't Surgeon L. M. Eastman, U. S. A., to duty with the 1st U. S. Cavalry.

Ass't Surgeon Samuel Adams, U. S. A., to duty with 8th U. S. Infantry.

The General Hospital at Corinth, Miss., was discontinued on the 3d inst., and that at Iuka on the 12th inst. These Hospitals were under charge of Surgeon Norman Gay, U. S. Vols., and occupied by wounded Confederate prisoners, who were transferred to Lagrange, Tenn.

The Surgeon-General returned on the 18th inst. from Philadelphia, Pa., where he was on duty connected with the Purveying Department.

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# Medical News.

## RESOLUTIONS ON THE DEATH OF DR. FRANCIS R. LYMAN.

Harewood Hospital, Nov. 14, 1862.

At a meeting of the medical officers of this hospital—Act. Assist. Surgeon N. C. Stevens, Prest., Act. Assist. Surgeon M. A. Hanly, Sec.—Act. Assist. Surgeons Dorsey, Bowen, and Olden were appointed a Committee to draft resolutions expressing regret at the decease of our late associate Act. Assist. Surgeon F. R. Lyman, of Chenango county, New York.

*Whereas*, It has pleased Almighty God, in his inscrutable wisdom, to remove from our midst our much esteemed colleague, Act. Assist. Surgeon Lyman: therefore—

*Resolved*, That in the vacancy caused in the Medical Corps of this Hospital by his death, the said Corps has lost one of its most efficient officers, both professionally and executively, and one whose courteous demeanor was highly appreciated by his medical associates.

*Resolved*, That we, the Medical Officers of this Hospital, deeply sympathize with his relatives in their affliction, and express our regret at his removal by death.

*Resolved*, That a copy of these Resolutions be sent to his family, and that they be published in the American Medical Times, and the *Chenango Courier*.

N. C. Stevens, *President.*
M. Abbott Hanly, *Secretary.*

## TO CORRESPONDENTS.

The following Communications have been received, and will appear as early as our space will allow:—Dr. James Bryan, U.S.A., Washington; Dr. John O'Reilly; Dr. Ezra M. Hunt, Surgeon to Culbert Hospital, Baltimore; Dr. Henry M. Lyman, Act. Assist. Surgeon, Nashville, Tenn.; Dr. T. B. Townsend, New Haven, Conn.; Dr. Hanford N. Bennett, Bridgeport, Conn.; Dr. Rufus King Browne, U.S.A., New Orleans; Dr. Samuel L. Frank, Wurzburg, Germany; Dr. H. A. Potter, Geneva, N. Y.

## METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 8th day of December to the 15th day of December, 1862.

*Deaths.*—Men, 84; women, 77; boys, 112; girls, 78; total, 351. Adults, 161; children, 190; males, 196; females, 155; colored, 3. Infants under two years of age, 105. Children born of native parents, 27; foreign, 142.

Among the causes of death we notice:—Apoplexy, 1; infantile convulsions, 17; croup, 35; diphtheria, 17; scarlet fever, 13; typhus and typhoid fevers, 6; consumption, 46; small-pox, 1; measles, 5; dropsy of head, 10; infantile marasmus, 15; cholera infantum, 0; inflammation of brain, 16; of bowels, 8; of lungs, 11; bronchitis, 9; congestion of brain, 10; of lungs, 11; erysipelas, 3; diarrhœa and dysentery, 9. 190 deaths occurred from acute diseases, and 35 from violent causes. 227 were native, and 124 foreign; of whom 88 came from Ireland; 29 died in the City Charities; of whom 10 were in Bellevue Hospital, and 3 died in the Immigrant Institution.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

| Dec. 1862 | Barometer. Mean height. | Barometer. Daily range. | Temperature. Mean | Min. | Max. | Difference of dry and wet bulb. Thrm. Mean | Max. | Wind. | Mean amount of cloud. | Humidity Sat'tion, 1000. |
|---|---|---|---|---|---|---|---|---|---|---|
| | In. | In. | ° | ° | ° | ° | ° | | | |
| 8th. | 30.11 | .20 | 19 | 11 | 26 | 5 | 7 | S.W. | 2.7 | 620 |
| 9th. | 30.20 | .10 | 28 | 23 | 33 | 5 | 7 | S.W. | 2 | 681 |
| 10th. | 30.14 | .10 | 31 | 24 | 38 | 6 | 9 | S.W. | .07 | 600 |
| 11th. | 30.03 | .04 | 39 | 34 | 44 | 5 | 7 | S.W. | .04 | 680 |
| 12th. | 30.00 | .03 | 44 | 35 | 53 | 7 | 10 | S.W. | .03 | 597 |
| 13th. | 30.24 | .20 | 42 | 36 | 48 | 4 | 7 | N.E to S.E | 6 | 740 |
| 14th. | 30.07 | .14 | 46 | 40 | 52 | 4 | 7 | S. | 6 | 750 |

Remarks.—8th, Wind fresh A.M., cloudy P.M. 9th, Wind fresh A.M., clear day P.M. 10th, Wind fresh A.M., clear day P.M. 11th, Wind fresh A.M., clear day P.M. 12th, Wind fresh A.M., clear day P.M. 13th, Wind S.W. early; sky variable A.M., very light rain P.M. 14th, Fog early; cloudy A.M., clear P.M.

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" 25 " " " 13 "
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" 35 " " " 52 "

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